PTO/SB/122 (01-06) Approved for use through 12/31/2008, OMB 0651-0035

10/612226

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

CHANGE OF CORRESPONDENCE ADDRESS Application	Application Number	
	Filing Date	07/01/03
	First Named Inventor	Alan F. Janowksi
Address to: Commissioner for Patents P.O. Box 1450 Alexandría, VA 22313-1450	Art Unit	
	Examiner Name	
	Attorney Docket Number	IL-11019
Please change the Correspondence Address for the above-identified patent application to:		
The address associated with Customer Number:	78980	
OR		
Firm or Individual Name		
Address		
City	State	Zip
Country		
Telephone	Email	
This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).		
I am the:		
Applicant/Inventor		
Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		
Attorney or agent of record. Registration Number 53,193		
Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number		
Signature /John H. Lee #53,193/		
Typed or Printed Name John H. Lee		
Date 08/08/08	Telephone ₉₂₅₋₄₂₂₋₇₂₇₂	

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USFIC) to process) an application. Confidentially is govered by \$5 U.S. C. 12 and 37 CFR 1.11 and 14. This collection is estemated to late to institute to complete including gathering, preparing, and submitting the completed application form to the USFIC. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form androis ougspetins for reducing this burder, should be sent to the Chief Information (V.U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

forms if more than one signature is required, see below*.

forms are submitted.